

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001914

FILED
Sep 02, 2008
Secretary of State

Entity Name: CONQUERORS MINISTRIES, INC.

Current Principal Place of Business:

400 S.W. 12 AVENUE
DELRAY BEACH, FL 33484

New Principal Place of Business:

500 GULFSREAM BLVD
110
DELRAY BEACH, FL 33483

Current Mailing Address:

500 GULD STREAM BLVD STE 110
DELRAY BEACH, FL 33483

New Mailing Address:

P.O. BOX 7354
DELRAY BEACH, FL 33482

FEI Number: 31-1704314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAPP, CALVIN JR.
2925 SW 22 AVE APT 202
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAPP, CALVIN JR.
Address: 2925 SW 22 AVE #202
City-St-Zip: DELRAY BEACH, FL 33445

Title: PD () Delete
Name: SAPP, BONNIE
Address: 2925 SW 22 AVE #202
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: WILSON, NORMAN
Address: 3288 NW 41ST ST
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: T () Delete
Name: WILSON, EUNICE
Address: 3288 NW 41ST ST
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: S () Delete
Name: FORNEY, LUCRETIA
Address: 847 NW 45TH ST
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BONNIE SAPP

PD

09/02/2008

Electronic Signature of Signing Officer or Director

Date